



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

September 11, 2007

Sandra Eggebraaten, Administrator  
Wolfe Creek-Glenwood Manor  
2087 S Tollgate  
Boise, ID 83709

License #: RC-868

Dear :

On June 21, 2007, an Initial Licensure survey was conducted at Wolfe Creek Assisted Living Communities, Inc-Glenwood Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

POLLY WATT-GEIER, MSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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# IDAHO DEPARTMENT OF HEALTH & WELFARE

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August 15, 2007

**CERTIFIED MAIL #: 7003 0500 0003 1967 0889**

Sandra Eggebraaten, Administrator  
Wolfe Creek-Glenwood Manor  
2087 S Tollgate  
Boise, ID 83709

Dear Ms. Eggebraaten:

On June 21, 2007 a Health Survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **July 21, 2007**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **August 25, 2007**.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson", with a long horizontal flourish extending to the right.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R868</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/21/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOLFE CREEK AL COMMUNITIES, INC - GLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3736 GLENWOOD BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Sydney Braithwaite, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



**BUREAU OF FACILITY STANDARDS**  
**P.O. Box 83720**  
**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

## ASSISTED LIVING

### Non-Core Issues

### Punch List

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_

7/21/67

Sandra J Eggeboaten

6/21/07  
JB